

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10 SERIAL NO. 1530228 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		1	2					53					
4		2						54					
5		1						55					
6		1	1					56					
7		1	1					57					
8		1	1					58					
9		1	1					59					
10		1	1					60					
11		1	1					61					
12		1	1					62					
13		1	1					63					
14		1	1					64					
15		1	1					65					
16		1	1					66					
17		1	1					67					
18		1	1					68					
19		1						69					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL EXP.					
TOTAL DEP.	16												
TOTAL CLAIMS	19												